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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number

09/483,969

Filing Date

January 18, 2000

First Named Inventor

Farley, et al.

Group Art Unit

3763

Examiner Name

Rodriguez

Attorney Docket Number

VNUS-53427

### ENCLOSURES (check all that apply)

Fee Transmittal Form  
 Fee Attached  
 Amendment / Response  
 After Final  
 Affidavits/declaration(s)  
 Extension of Time Request  
 Express Abandonment Request  
 Information Disclosure Statement  
 Certified Copy of Priority Document(s)  
 Response to Missing Parts/ Incomplete Application  
 Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers (for an Application)  
 Drawing(s)  
 Licensing-related Papers  
 Petition  
 Petition to Convert a Provisional Application  
 Power of Attorney, Revocation Change of Correspondence  
 Terminal Disclaimer  
 Request for Refund  
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After Allowance Communication to Group  
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Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

FULWIDER PATTON LEE & UTECHT, LLP  
James Juo, Registration No. 36,177

Signature

Date

6/27/03

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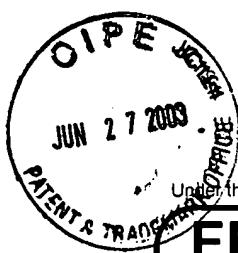
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June 27, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ **\$223.00**)

Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 09/483,969       |
| Filing Date          | January 18, 2000 |
| First Named Inventor | Farley, et al.   |
| Examiner Name        | Rodriguez        |
| Group Art Unit       | 3763             |
| Attorney Docket No.  | VNUS-53427       |

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| METHOD OF PAYMENT (check all that apply)   |                |  |  | FEE CALCULATION (continued)   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
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| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>06-2425</b><br>Deposit Account Name <b>Fulwider Patton</b>   |                |  |  | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> </tr> <tr> <td>1051 130</td> <td>2051 65</td> <td>Surcharge - late filing fee or oath</td> </tr> <tr> <td>1052 50</td> <td>2052 25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> </tr> <tr> <td>1053 130</td> <td>1053 130</td> <td>Non - English specification</td> </tr> <tr> <td>1812 2,520</td> <td>1812 2,520</td> <td>For filing a request for ex parte reexamination</td> </tr> <tr> <td>1804 920*</td> <td>1804 920*</td> <td>Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>1805 1,840*</td> <td>1805 1,840*</td> <td>Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>1251 110</td> <td>2251 55</td> <td>Extension for reply within first month</td> </tr> <tr> <td>1252 410</td> <td>2252 205</td> <td>Extension for reply within second month</td> </tr> <tr> <td>1253 930</td> <td>2253 465</td> <td>Extension for reply within third month</td> </tr> <tr> <td>1254 1,450</td> <td>2254 725</td> <td>Extension for reply within fourth month</td> </tr> <tr> <td>1255 1,970</td> <td>2255 985</td> <td>Extension for reply within fifth month</td> </tr> <tr> <td>1401 320</td> <td>2401 160</td> <td>Notice of Appeal</td> </tr> <tr> <td>1402 320</td> <td>2402 160</td> <td>Filing a brief in support of an appeal</td> </tr> <tr> <td>1403 280</td> <td>2403 140</td> <td>Request for oral hearing</td> </tr> <tr> <td>1451 1,510</td> <td>1451 1,510</td> <td>Petition to institute a public use proceeding</td> </tr> <tr> <td>1452 110</td> <td>2452 55</td> <td>Petition to revive - unavoidable</td> </tr> <tr> <td>1453 1,300</td> <td>2453 650</td> <td>Petition to revive - unintentional</td> </tr> <tr> <td>1501 1,300</td> <td>2501 650</td> <td>Utility issue fee (or reissue)</td> </tr> <tr> <td>1502 470</td> <td>2502 235</td> <td>Design issue fee</td> </tr> <tr> <td>1503 630</td> <td>2503 315</td> <td>Plant issue fee</td> </tr> <tr> <td>Total Claims</td> <td>-20** = 2</td> <td>X 9.00 = 18.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3** = 0</td> <td>X 0.00 = 0.00</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"> <b>1. 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| 1804 920*  | 1804 920*      | Requesting publication of SIR prior to Examiner action     |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1805 1,840*  | 1805 1,840*    | Requesting publication of SIR after Examiner action        |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1251 110   | 2251 55        | Extension for reply within first month                     |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1252 410   | 2252 205       | Extension for reply within second month                    |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1253 930   | 2253 465       | Extension for reply within third month                     |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1254 1,450   | 2254 725       | Extension for reply within fourth month                    |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1255 1,970   | 2255 985       | Extension for reply within fifth month                     |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1401 320   | 2401 160       | Notice of Appeal   |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1402 320   | 2402 160       | Filing a brief in support of an appeal                     |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1403 280   | 2403 140       | Request for oral hearing                                   |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1451 1,510   | 1451 1,510     | Petition to institute a public use proceeding              |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1452 110   | 2452 55        | Petition to revive - unavoidable                           |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1453 1,300   | 2453 650       | Petition to revive - unintentional                         |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1501 1,300   | 2501 650       | Utility issue fee (or reissue)                             |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1502 470   | 2502 235       | Design issue fee   |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1503 630   | 2503 315       | Plant issue fee  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Total Claims   | -20** = 2      | X 9.00 = 18.00   |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Independent Claims   | - 3** = 0      | X 0.00 = 0.00  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Multiple Dependent   |                |  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr> <td>1001 750</td> <td>2001 375</td> <td>Utility filing fee</td> </tr> <tr> <td>1002 330</td> <td>2002 165</td> <td>Design filing</td> </tr> <tr> <td>1003 520</td> <td>2003 260</td> <td>Plant filing fee</td> </tr> <tr> <td>1004 750</td> <td>2004 375</td> <td>Reissue filing</td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> </tr> <tr> <td colspan="2">SUBTOTAL (1) (\$)</td> <td></td> </tr> </tbody> </table>   |                |  |  | Large Entity  | Small Entity   | Fee Code (\$) | Fee Code (\$) | 1001 750     | 2001 375       | Utility filing fee     | 1002 330      | 2002 165      | Design filing                     | 1003 520                            | 2003 260 | Plant filing fee                      | 1004 750   | 2004 375 | Reissue filing                                     | 1005 160                    | 2005 80    | Provisional filing fee                                     | SUBTOTAL (1) (\$)                               |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Large Entity   | Small Entity   |  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Fee Code (\$)  | Fee Code (\$)  |  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1001 750   | 2001 375       | Utility filing fee   |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1002 330   | 2002 165       | Design filing  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1003 520   | 2003 260       | Plant filing fee   |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1004 750   | 2004 375       | Reissue filing   |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1005 160   | 2005 80        | Provisional filing fee                                     |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| SUBTOTAL (1) (\$)  |                |  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND DESIGN PATENTS</b><br><table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <th>Total Claims</th> <td>-20** = 2</td> <td>X 9.00 = 18.00</td> </tr> <tr> <th>Independent Claims</th> <td>- 3** = 0</td> <td>X 0.00 = 0.00</td> </tr> <tr> <th>Multiple Dependent</th> <td></td> <td></td> </tr> </thead> </table>   |                |  |  | Extra Claims  | Fee from below | Fee Paid      | Total Claims  | -20** = 2    | X 9.00 = 18.00 | Independent Claims     | - 3** = 0     | X 0.00 = 0.00 | Multiple Dependent                |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Extra Claims   | Fee from below | Fee Paid   |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Total Claims   | -20** = 2      | X 9.00 = 18.00   |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Independent Claims   | - 3** = 0      | X 0.00 = 0.00  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Multiple Dependent   |                |  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 84</td> <td>2201 42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 280</td> <td>2203 140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204 84</td> <td>2204 42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (2) (\$)</td> <td>\$18.00</td> </tr> </tbody> </table> |                |  |  | Large Entity  | Small Entity   | Fee Code (\$) | Fee Code (\$) | 1202 18      | 2202 9         | Claims in excess of 20 | 1201 84       | 2201 42       | Independent claims in excess of 3 | 1203 280                            | 2203 140 | Multiple dependent claim, if not paid | 1204 84  | 2204 42  | ** Reissue independent claims over original patent | 1205 18                     | 2205 9     | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) (\$)                               |           | \$18.00   |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Large Entity   | Small Entity   |  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| Fee Code (\$)  | Fee Code (\$)  |  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1202 18  | 2202 9         | Claims in excess of 20                                     |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1201 84  | 2201 42        | Independent claims in excess of 3                          |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1203 280   | 2203 140       | Multiple dependent claim, if not paid                      |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1204 84  | 2204 42        | ** Reissue independent claims over original patent         |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| 1205 18  | 2205 9         | ** Reissue claims in excess of 20 and over original patent |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| SUBTOTAL (2) (\$)  |                | \$18.00  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
| *or number previously paid, if greater; For Reissues, see above<br>*Reduced by Basic Filing Fee Paid   |                |  |  |   |                |               |               |              |                |                        |               |               |                                   |                                     |          |                                       |  |          |  |                             |            |  |   |           |           |  |             |             |   |          |         |  |          |          |   |          |          |  |            |          |   |            |          |  |          |          |                  |          |          |  |          |          |                          |            |            |   |          |         |                                  |            |          |                                    |            |          |                                |          |          |                  |          |          |                 |              |           |                |  |                    |           |               |  |                    |  |  |  |  |  |  |  |              |              |               |               |          |          |                    |          |          |               |          |          |                  |          |          |                |          |         |                        |                   |  |  |  |  |  |  |              |                |          |              |           |                |                    |           |               |                    |  |  |  |  |  |  |              |              |               |               |         |        |                        |         |         |                                   |          |          |                                       |         |         |  |         |        |  |                   |  |         |  |  |  |  |                                    |  |  |  |
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| SUBMITTED BY      |           | Complete (if applicable)             |        |           |
|-------------------|-----------|--------------------------------------|--------|-----------|
| Name (Print/Type) | JAMES JUO | Registration No.<br>(Attorney/Agent) | 36,177 | Telephone |
| Signature         |           |                                      | Date   | 6/27/03   |

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